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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/809,721
		Filing Date	03/19/2004
		First Named Inventor	John A. McClure
		Art Unit	3662
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	4009

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Mark Brown		
Date		Reg. No.	30,361

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	Mark Brown		
Typed or printed name	Mark Brown	Date	4 30. 06

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CSI WIRELESS

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PROSPECTIVE (01-06)

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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	70/057,721
Filing Date	03/19/04
First Named Inventor	John A. McClure
Title	SATELLITE BASED VEHICLE GUIDANCE CONTROL IN STRAIGHT AND CORNER MODES
Art Unit	3632
Examiner Name	
Attorney Docket Number	4005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioner associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Mark Brown	30,381

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:  
OR

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Mark Brown	
Address	4400 College Blvd Suite 139		
City	Overland Park	State	KS
Country	USA		
Telephone	913-333-0887	Email	

I am the:

- Applicant/Inventor.  
 Assignee of record or the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 2.73(d) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Signature   
Name: Cameron Olson, CA Date: 4/30/06  
Title and Company: CFO, VP Finance CSI Wireless, Inc. Telephone: 703-239-7311

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if there are more than one signature required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and/or to prosecute) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 15/22 \* RCVD AT 4/30/2006 1:45:46 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-3/12 \* DNIS:2738300 \* CSID: \* DURATION (mm:ss):08:02

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: **CSI WIRELESS, INC.**

Application No./Patent No./Control No.: **10/709,701**

Filed/Issue Date: **03/18/2004**

Entitled: **SATELLITE BASED VEHICLE GUIDANCE CONTROL IN STRAIGHT AND CONTOUR MODES**

**CSI WIRELESS, INC.**

(Name of Assignee)

a corporation

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or

2.  an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

In the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel **015122**, Frame **0169**, or a true copy of the original assignment is attached.

OR

B.  A chain of title from the inventor(s), or the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(ii), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08.]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
Signature

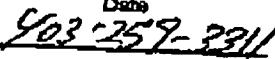
Cameron Olson, CA

Printed or Typed Name

CFO, VP Finance

Title

  
Date

  
Telephone Number

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